



IAHHC

Managed Care for the Aged, Blind and Disabled

Home Care's Perspective

Agenda

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About IAHHHC

- ▶ The Indiana Association for Home and Hospice Care (IAHHHC) represents home health, hospice and personal services agencies (PSAs)
 - PSAs may be Medicaid-enrolled HCBS waiver providers who provide personal care to Medicaid recipients
- ▶ Our members provide services to individuals who are under the Aged, Blind & Disabled (ABD) Medicaid eligibility aid category



MMLTC – Goals and Outcomes

- ▶ Client choice
 - Voluntary enrollment
- ▶ Care coordination without multiple layers of care managers
 - Difficult for this population
 - Too many care managers who are not coordinating with each other can result in duplicative efforts, duplication of services, and conflicting messages being given to Medicaid recipients
- ▶ Well trained and experienced case managers

MMLTC – Goals and Outcomes

- ▶ Address medical needs of the client but also provide the necessary social supports that this population needs
 - Awareness of other social services and resources that are available in the community
 - Do not take the local AAAs out of the coordination efforts as they serve as Adult Disabled Resource Centers (ADRCs).
 - The AAAs currently function as a community-based managed care company
 - They know the community resources in their area to provide total care or supplement state funded programs
- ▶ Allow any willing provider status
 - This allows patient choice and ensures that there are sufficient providers

MMLTC – Goals and Outcomes

- ▶ Adequate comprehensive services to ensure quality care
 - Do not provide a “one size fits all” solution to the subgroups of this aid category
 - Subgroups of this population require different types of balances of medical and non-medical supports
 - Currently, there is a strong provider network of home health, hospice and personal service agencies (PSAs) that know how to address the patient’s overall care

MMLTC – Goals and Outcomes

- ▶ Stand-alone PSAs are a crucial part of the home care continuum to render services for Medicaid recipients who may only need non-medical supports to remain at home
 - This provider type is crucial based on the increase of the aging population and the goal to keep individuals in the community
 - Using stand-alone PSAs for individuals who only require non-medical supports is a cost saving to the State

MMLTC – Goals and Outcomes

- ▶ Prior approval (PA) should not be required if the case manager's assessment determines that the client does not meet PA needs
- ▶ Appropriate monitoring by the State
 - Ensure that client's services are approved based on client needs
 - Review of a certain per cent of decisions made by MCOs by experienced, well-trained State staff

MMLTC – Goals and Outcomes

- ▶ Currently dually-eligible Medicare/Medicaid recipients receiving services in their private home must be institutionalized if their care needs exceed intermittent care provided under the Medicare hospice benefit and there is no family support or lack of a primary caregiver
 - The State should consider providing extended hours under the Medicaid home health program to the dually-eligible Medicare/Medicaid hospice beneficiary residing in their private home to avoid institutionalization

MMLTC – Goals and Outcomes

- ▶ Provide sufficient face to face contact by case managers
- ▶ Utilization of Medicare home health and Medicare hospice should be a priority
- ▶ Managed care companies should have an understanding of the complex medical needs of the ABD population
 - These companies may have experience in managed care but don't understand the complex medical and social needs of the frail elderly and disabled population

MMLTC – Existing Barriers

- ▶ Uncoordinated system of discharge planning into the community
 - Discharge planning should start on Day 1
 - The AAAs currently have staff in the hospitals to facilitate well-planned discharge planning
 - As current community based managers of care, this service should be retained so that they can work with the strong provider network of home health, hospice and PSAs to coordinate effective discharge and linking to necessary community resources



MMLTC – Existing Barriers

- ▶ Poverty
 - Capacity to afford all medications and co-pays to access services
- ▶ Fragmented coordination among the FSSA divisions as there are silos
- ▶ There are not enough case/care managers
 - Case loads are not realistic to ensure quality reviews of eligibility and required services to ensure quality of care

MMLTC – Current Problems

- ▶ Current PA Contractors (FFS and MCEs) make their decisions without onsite assessment of the complex medical and psycho-social needs of the ABD population
 - AAA case manager currently performs an initial on-site assessment to determine Medicaid recipient's eligibility for HCBS waiver services and other services the community may provide, bi-annual and on-going reassessment of LOC, and perform a quarterly review of the Medicaid recipient's needs per a 90-day review tool



MMLTC – Current Problems

- ▶ Different interpretations between various State agencies with regards to consistency of standards for regulatory and reimbursement matters, i.e. ISDH and FSSA
- ▶ Low reimbursement rates for HCBS waivers
- ▶ Current MCOs do not understand or adequately cover patients in need of extended hours
 - The attending physician in collaboration with the RN of the home health agency are best equipped to determine the hours that a patient needs to address their medical acuity, particularly the high-tech patients

MMLTC – Current Problems

- ▶ Waiver units requiring a PA denial prior to approving HCBS waiver services
 - A PA denial should only be requested for nutritional supplements and durable medical equipment (DME) unless the case manager's assessment determines the need for medical services under a PA
- ▶ Utilization of PA CHHA hours and ATTC waiver hours that are not community habilitation, homemaker or respite
 - If a patient qualifies for PA, then all personal care hours should be PA

MMLTC – What Works Today

- ▶ The AAAs should remain a strong resource or the only MCO as they serve as Adult Disabled Resource Centers (ADRCs) and are aware of community resources for each of their catchment areas
 - Thus, the Area Agencies on Aging save the State money by linking the recipients to these community resources
- ▶ Currently the home health and HCBS waiver services are rendered by a strong provider network that allows patient choice

MMLTC – Excluded Populations

- ▶ Pediatric patients with skilled needs who meet nursing home level of care
 - Current managed care programs do not provide adequate number of skilled nursing hours under the home health program to meet patient and family needs
- ▶ Hospice
 - Medicaid-only hospice patients have very short length of stay and are already managed by hospice interdisciplinary team
 - Current Medicaid PA FFS Contractor already reviews the medical necessity for hospice for Medicaid-only population every three months for the first and second benefit periods
 - Plan reassignment or constant plan reassignment will result in interrupted and uncoordinated care

MMLTC – Carved-Out Services

- ▶ All high tech patients
 - Patients with trachs and patients who are ventilator dependent
 - Currently, MCOs do not provide the extended hours that this population requires
 - The State entered into a settlement agreement as a result of *Taylor v. Sullivan* that provides guidelines for prior approval of home health services based on medical acuity and the needs of the patient and the necessary supports of the primary caregiver(s)
 - These needs would not be covered under a managed care plan
Upon request from IAHHHC, the OMPP Medical Policy Unit provided a copy of the guidelines that are used under the FFS program for prior authorization for home health services

MMLTC – Outcome Measurements

- ▶ Decrease in re-hospitalizations with supportive data reflecting the reasons for the decrease (must be population specific)
- ▶ Decrease in ER visits with supportive data reflecting the reasons for the decrease (must be population specific)
- ▶ Quality of life outcomes related to self-determination and choice
- ▶ Timely and adequate community integration
- ▶ Health and safety assurances



MMLTC – Outcome Measurements

- ▶ Do not limit quality measures to Health Plan Employer Data and Information Sets (HEDIS) as these measures are geared to primary care and preventive services but do not necessarily address long term care service and support needs of the ABD population
- ▶ Managed care plans should abide by the same standards for prior authorization, claims payment and medical policy so that the State can have standard performance measures, including measures of Medicaid recipients' experiences with care and quality of life
- ▶ The Area Agencies on Aging already have quality measures for quality of life, timely and adequate community integration and health and safety assurances



MMLTC – Additional Concerns

- ▶ Managed care model was originally designed to focus on healthy individuals and families
 - It was not meant to take care of the needs of a frail and complex population such as the ABD
- ▶ Reduction of services since managed care companies do not have the experience of the complexity of needs of the ABD population
- ▶ Reduction of services that do not address the Medicaid recipient's medical acuity
 - There is an economic incentive for the managed care companies to reduce costs for the State
 - There is an incentive for MCOs to preserve their profit margin

MMLTC – Additional Concerns

- ▶ How will CHOICE services be coordinated with services under this model?
- ▶ Potential waiting lists for the HCBS waivers
 - AAAs are currently working diligently with the DA to reduce waiting lists for the A&D and TBI waivers
 - Adding a new entity will create another layer to reducing the waiting list for these waivers

For More Information

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QUESTIONS?



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